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EDITORIAL

Two subjects in the minds of many at this time of the year are babies and food.

In the midst of all the glitter and commercial activity which now marks Christmas in this country, too many people forget that it is in celebration of the birth of the most important baby of all time, nearly two thousand years ago. But even where this is forgotten or brushed aside, Christmas is generally acknowledged to be the children's time; it is the festival of children everywhere.

Christmas means extra good food for most members of the family. But the young baby, on milk feeds only, has his usual diet on Christmas Day. A diet which, as Dr. Wickes explains on page 200, is often insufficient for his needs.

The old idea of small feeds of half-cream dried milk for babies who could not be breast-fed was based on the concept that a small baby had a weak stomach and one which could not tolerate fat. Dr. Wickes points out that few people, even today, query the sense of giving a weak baby a weak mixture and expecting it to grow strong. Since the obvious aim is to build up the strength of the baby as quickly as possible, the method which Dr. Wickes suggests—double strength full cream feeds—seems equally obvious.

There is some divergence of thought as to who should advise the mother on feeding her baby. The midwife or health visitor, in close and frequent touch with mother and baby, usually feels that she is the most appropriate person. On the other hand, many general practitioners prefer to supervise the feeding themselves. The essential close co-operation between them often leads to the general practitioner delegating to the midwife or health visitor the actual giving of advice, although the decision may remain his.

Tradition dies hard, but we hope that all general practitioners will be quick to see the advantages of the latest feeding trend, and that they will have the fullest possible support from the nursing members of the team.

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Most of our modern superstitions about infant feeding are a legacy from the percentage feeding system

Superstitions in Infant Feeding Past and Present

by **IAN G. WICKES,** M.D., M.R.C.P.

PROBABLY there is no other medical subject so riddled with superstitious beliefs as infant feeding. These superstitions have changed as the years go by; some have disappeared entirely whereas others are still present, often in a watered-down form, although they are not always recognised as such. We shall start with some of the more ancient ideas and work our way up to today. Colostrum, as always, is a good starting-point.

An almost universal taboo on colostrum existed amongst ancient peoples and persists amongst primitive tribes even today. It probably stems from the primitive belief that a woman is "unclean" during menstruation and after parturition. Consequently, it was recommended that the baby should be kept away from the mother for at least four days, and sometimes as long as four weeks, "until the mother is purified of her after-purgings" (J. Guillemeau, 1612). This meant that steps had to be taken to keep the lactation going, and to nourish the baby meanwhile. The former was done by a breast pump or by getting "her keeper" or "little pretty whelps" to suck her; the latter was done by offering all forms of food and sugar water (a custom that survives in some places today) so that weaning really began at birth.

The Fashionable Mummy . . . or . . . The Commencement of Modern Dress

A caricature by James Gillray, 1796

The earliest reference to infant feeding in any written work was found in the Ebers Papyrus (*c.* 1550 B.C.) and reads as follows: "To get a supply of milk in a woman's breast for suckling a child: Warm the bones of a sword-fish in oil and rub her back with it." It is interesting that this aspect should demand attention 3,500 years ago for we are apt to regard hypogalactia as a modern disorder.

Later Phaer (1550) listed a number of remedies including parsnips and fennel roots, "rice sodden in cow's milk" and "powder of earthworms dried and drunken in the broth of a neates tongue".

I have never tried any of these remedies nor have I ever had any success with more modern ones.

A firm belief survived until about a hundred years ago that the character and temperament of the nurse was conveyed by her milk. For example, this is how Hoffman put it at the beginning of the eighteenth century: "The fiercest animals are rendered mild by human milk, and conversely human beings brought up on the milk of a wild beast became wild and fierce, witness the example of Romulus and Remus".

There have been many other examples including the blood-thirsty Caligula whose wet nurse is reported to have put drops of blood on her nipples before each feed, the bibulous Nero whose nurse was a drunkard and poor Aegyrthus "who being fed only with goat's milk waxed thereupon so goatish and lecherous that he defiled not only Agamemnon's bed but also neighed in a manner at everyman's wife." (Muffett, 1584.)

Curiously enough the possibility that the intellect might also be conveyed was apparently never considered; the suitability and popularity of asses' milk, which was believed to be nearest in composition to breast milk, was never challenged on this score.

Wet nurses were much in demand by the upper classes up to the end of last century. "Ladies of Quality" practically never fed their own babies but they were much exercised in engaging suitable wet nurses. Not only did the girl have to be physically fit, but her character and temperament, being also conveyed by her milk, had to be

of the highest order. Since most of them were drawn from the ranks of poor unmarried mothers they often left much to be desired. Furthermore, it was in their own interest to conceal any deficiency in their supply which they did by putting opium on the nipples or giving alcohol direct to the baby and making the napkin wet with tap water. The results, of course, were appalling and the literature contains many exhortations to mothers to feed their own babies themselves. One of the superstitions which survives in a modified form to this day concerns redheads who were spurned because their milk was said to have "a sour, stinking and bad scent". The danger of being suckled by a wanton wet nurse is well described in the "Callipaedia", a didactic poem by Quillet (1655):

"Who draws the flaggy Breasts of Wanton Dames
Shall base Desires imbibe, and burn with guilty flames."

Nail Test for Quality

Interest in the quality of breast milk has existed ever since Soranus, some eighteen hundred years ago, first wrote a description of the nail test. Phaer's description, which had been copied from predecessors who had in turn handed on the information that originated from Soranus, is perhaps the neatest: "That milk is good that is white and sweet, and when ye drop it on your nail and do move your finger, neither fleeteth abroad at every stirring nor will hang fast upon your nail when ye turn it downward, but that which is between both is best."

This was the only method of assessing the quality of milk until 1760 when Thomas Young first published his "chymical analysis" of milk. It was indeed a tragedy for infant feeding that biochemistry had such a big start on bacteriology, for by the time Pasteur and Koch, about a century later, demonstrated the importance of microbes, obstetricians had already become completely obsessed with the idea that the chemical composition of milk was of supreme importance. Indeed, at about this time the percentage feeding system in the U.S.A. held complete sway and we have not yet achieved emancipation from it. The feeds of normal healthy babies were regulated with great accuracy for it was believed that an alteration of as little as 0.1 per cent in any of the constituents of the formula (lime water, sugar, cow's milk and cream) was capable of turning success into failure and vice versa. The formula was changed by tiny steps each week, the whole process being conducted with great intricacy.

Watered-down Mixtures

Most of our modern superstitions about infant feeding are a legacy from the percentage feeding system. Many still believe, for example, that young babies are intolerant of fat and hence half cream milks are widely used—with appalling results. Furthermore, steps are still taken to avoid anything that could be called "too rich" or "too heavy" (whatever that may mean) for young babies. Hence the instructions on tins of dried milks include graduated tables, admittedly less complicated than before, but still based on totally faulty premises; namely that a small baby has a "weak" stomach and hence must be offered restricted quantities of a watered-down milk mixture, but as the baby gets bigger, and presumably stronger, so can the milk be made more concentrated. Few people, even today, ever stop to think why it should be deemed correct to give a weak baby a weak mixture and expect it to grow strong. In fact, small babies with small capacity stomachs need a high calorie/low volume feed in order to grow at their optimal rate. We have found that even premature babies do very well on *double strength full cream* dried milk; this mixture obviates the situation (seldom recognised) in which the baby is still hungry yet his stomach is full.

It always used to be taught, and I myself was guilty, that babies under three months old could not tolerate starch. This is one of the myths that can easily be exploded by trial. Indeed, young babies thrive on mushed-up solid food of all kinds provided that it is well balanced and free from harmful germs. Once this is fully realised, the brochures extolling the value of any particular brand of dried milk become ridiculous. Yet how often do we see frantic changes of the brand when a baby cries with hunger or vomits from pyloric stenosis. Only this week we have seen a baby aged three weeks who had already received five different formulae, when more of any one of them would have put him right. Naturally, each change was made gradually, presumably for fear of giving the baby a shock!

Overfeeding

It is the fear of overfeeding which is mainly responsible for the bad advice which so many midwives, nurses and doctors give about infant feeding. It has always been a bogey but it has not always meant the same thing to different people. To Cadogan, in 1748, it meant "stuffing with pap till they spue" which was really faulty feeding, but to Truby King nearly 200 years later overfeeding meant too much breast milk and he regarded it as "more common and more dangerous than underfeeding".

In many textbooks the symptoms given (vomiting, diarrhoea and loss of weight) are common to under- and overfeeding which perhaps explains why the two conditions are so often confused. When overfeeding is diagnosed in a young baby the diagnosis is almost always incorrect and underfeeding is usually the simple solution to the problem. Many babies have a larger capacity and a greater potentiality for growth than is commonly realised. "He can't be hungry, he has just taken eight ounces!" we were told—yet this same baby, on being offered more milk, actually took another eight ounces before dropping off into a contented sleep.

Day by day, slowly but surely, the superstitions that have been recounted are losing ground and we look forward with happy anticipation to the time when the last tin of half cream milk has been used, the diagnosis of overfeeding has been made for the last time and the instructions on the tins of full cream milks are altered so as to encourage mothers to thicken the feeds for small babies and offer them as much as they want whenever they are hungry.

The first of four articles on district nursing and allied services in Australia, where the twelfth quadrennial congress of the International Council of Nurses takes place next April

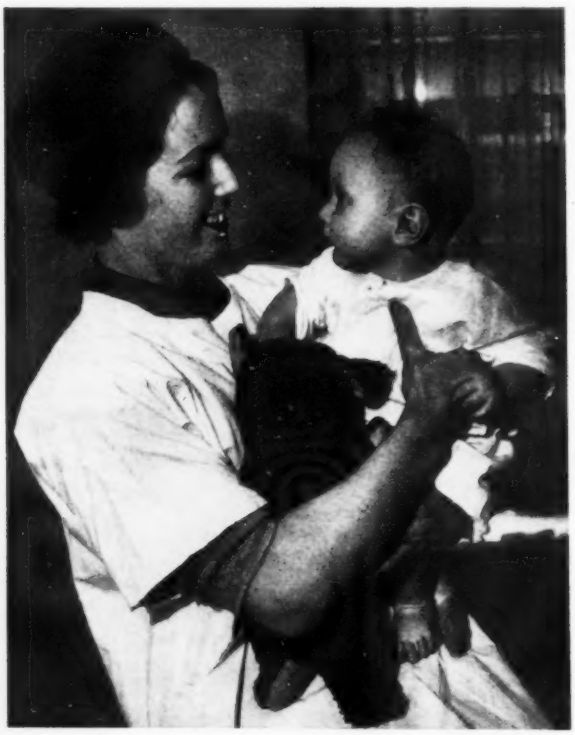
District Nursing in Melbourne

by **M. ISOBEL JONES,** A.A.S.A., A.C.I.S., A.C.A.A.
Secretary, Melbourne District Nursing Service

THE Commonwealth of Australia, with an area of just on 3,000,000 square miles—about twenty-five times the size of Great Britain and Ireland and with a population of 10,000,000, is divided into seven states governed by state governments with a federal government at Canberra, the federal capital city.

Since the first white settlement in about 1786, large cities and towns have risen in varying areas. As communities developed, so also came the need to tend the sick in their own homes, and each group devised a sytem for its own needs, with the result that domiciliary nursing in some states is carried out by old-established organisations, by religious bodies, by local governments, and by hospital authorities.

The services are financed in different ways: by charitable contributions from the public, by municipalities in some instances, by such payments as patients can afford, and in many cases subsidised by State and Federal Governments.



Sister soon won the confidence of this tiny patient

What is known as district nursing is mainly in cities and towns, and services bearing the name of district nursing in their title are mostly governed by committees of management elected from voluntary cash subscribers by their fellow subscribers. These services are based on the pattern of the Queen's Institute of District Nursing in Britain and modified to suit Australian conditions.

Our own district nursing organisation serves the capital city of the State of Victoria which has an area of about 88,000 square miles and a population of 2,500,000. Of the population of Victoria, 1,250,000 people live in and around Melbourne, and our service is available to this number of people, the area served being about 700 square miles.

Melbourne District Nursing Service (Society) was founded in Melbourne in 1885 by a small group of citizens with the object of

"carrying the benefits of skilled nursing, medical treatment and comforts to the houses of the sick poor of the city;

—to attend to chronic and septic cases which cannot be accepted by the general hospitals;

—to complete cures which the exigencies of space have necessitated leaving the hospital;

—to attend cases where the removal would entail the breaking up of the home."

How many things have changed since 1885; but human need remains unchanged. In 1960 we could use almost the same words as those used in 1885.

On its inception the Society was financed entirely by voluntary subscriptions, and in 1895 the committee was wondering if it could carry on, but it bravely did so, the committee members raising money by means of social functions.

The first official recognition of district nursing as a community responsibility came in 1896 with a charity vote of £15 from the City of Melbourne.

In 1900 the State Government made a grant of £70. (In 1960 the State Government through its Hospitals and Charities Commission granted £56,000 towards cost of maintenance.)

In 1909, with the idea of starting an Australian Order of District Nursing, Miss Amy Hughes, general superintendent of the Queen's Institute of District Nursing visited Australia to further the hope of Her Excellency the Countess of Dudley, wife of the then Governor General, that our district nursing organisation might be extended throughout Australia. (This did not eventuate, but the Bush Nursing Association came into being.—See next month's article.)

"Chauffeur-driven" Cars

Today, our trained nursing staff visits 10,000 homes annually, travelling 350,000 miles to make 240,000 visits. Over the years the mode of transport has graduated from walking, cycling, cable trams, to motor-cars. We have our own fleet of cars, supplemented by cars owned by our nurses and a motor auxiliary of sixty voluntary drivers who by placing their cars and time at the disposal of the Service enable sisters who do not wish to drive a car to engage in district nursing.

Governed by a voluntary committee of management, with Lady Brooks, wife of the State Governor, as patroness, administration is from a central headquarters in St. Kilda Road.

Constant communication with staff is by personal reporting, by telephone, and by a district superintendent constantly on the move throughout the forty-six districts. About one third of the staff reside at headquarters, and the remainder reside in their own homes in or near the districts they serve.

At present there is no separate course of training for district nurses in Australia, but all trained nurses coming to our staff undergo a short "conversion" course including a study of geriatrics.

Observation Visits Abroad

Each year one or other of the members of our committee of management travel abroad and take time from their own affairs to observe domiciliary nursing trends overseas. At the time of writing one of our senior administrative staff is in England with the Queen's Institute of District Nursing for the purpose of ensuring that we are abreast of modern theory and practice of domiciliary nursing which may be adapted to our needs here.

Melbourne has developed greatly since the war—as indeed has the whole of Australia—with progress unthought of twenty-five years ago. The skyline is constantly changing and there is a continual flow of migrants to make their homes in Australia; about thirty per cent of the total intake settle in Melbourne.

The State Hospitals and Charities Commission requires us to make a charge for services, but we have power to reduce or waive the charge in cases of hardship. Thus no one need be without the services of a district nurse because of inability to pay. Originally district nursing was for nursing the sick poor in their own homes, but owing to the great changes in society and the more complicated and expensive forms of hospital medical and surgical treatments, it is now appropriate that the services of the district nurse should be generally available.

He could journey to hospital for treatment but the district nurse spares him the added discomfort of travel

Patients who can afford a private visiting nurse are not attended unless a private nurse is not available.

Loans

Equipment for the comfort of patients is issued on loan without charge, including wheel chairs and crutches.

In 1956 the Federal Government showed tangible interest in domiciliary nursing by the introduction of an Australia-wide subsidy to home nursing organisations.

With the differing organisations providing separately for home nursing over the continent, and after all the years of selfless and devoted efforts of so many people, it is a good thing that the Federal Government has taken this first step of recognition of domiciliary nursing as a national matter. Perhaps all the interest and devotion of the separate groups will in some way be co-ordinated to the greater benefit of the community and the Government itself with district nursing services acting as a "barometer" of national health.

To be associated with district nursing is to know that it is an important factor in the care of the sick, and in the prevention of disease, and that this would be so in any country.

Certain it is that services started as a venture in faith—carrying the "lamp" high, bringing comfort and cheer with healing to all sorts and conditions of people in all sorts and conditions of homes—will go from great deeds to greater deeds. There will always be those who need skilled nursing care at home, and there will always be those who are ready to serve.

Correction

We regret two errors which occurred in last month's issue:

Page 177, the student who presented the bouquet and was recalled by Her Royal Highness was Miss J.B. Smith, *not* Miss Lee.

Page 178, the infantile mortality figure at the beginning of the century was 138, and the 1959 figure 22.2.

A district nurse explains how asthma has affected her career, and describes her stay at a famous French asthma spa

A French Treatment for Asthma

by **MABEL M. GLEDHILL,** S.R.N., S.C.M., Q.N. cert.

MINE, so I am told, is a typical case of bronchial asthma, which developed from a nose injury I sustained at the age of seventeen. As a direct result of this I had a deviated septum and damage of the ethmoidal cells. A year later nasal polypi and ethmoiditis caused complete obstruction of the upper air passages. Gradually I developed a cough, and even though I had surgical treatment for the nose, bronchial asthma was the inevitable outcome.

It has affected my career in so much as I have had to be content with having gained a foothold in the nursing profession. Any ideas I ever had of advancement had to be abandoned owing to ill health. In 1939 I was compelled to leave a Queen's home in London as I was told I would never be able to work again.

This, I think, was the hardest blow of any to take, and after months in and out of hospital I seemed to get worse instead of better, and, I might add, had given up all hope of ever being a useful citizen.

Then quite by chance I was told by a fellow asthma sufferer of the Super-Pag Hand Inhaler made by Riddells of London. I found that it relieved the asthma spasms immediately, and attacks which occurred during the night were reduced to exactly three minutes, the time it took me to use the inhaler. After that time I was able to go right off to sleep again.

In two months' time I was so much better that against my doctor's wishes I wanted to resume work. With my record all I could get was a holiday post for three months, but I continued to improve and finally I was told that if I consented to have more surgical treatment for my nose I could, if I cared, be taken on to the permanent staff. This I did and so I started once more.

Inhaling thermal gas piped direct from the volcanic rocks

Since then I have concentrated on improving my general health as much as possible, by taking plenty of outdoor exercise, eating a well-balanced diet and avoiding overcrowded buildings, particularly cinemas. A few years ago an attack of virus pneumonia left me with chronic-pansinusitis which rather complicates matters. However, with the help of my old friend the Super-Pag, antihistamine tablets, chloredyl tablets M.200 S.O.S. and various nose drops, I manage except for periodical acute attacks of bronchial asthma and pneumonitis, to lead a normal and useful life.

I was indeed pleased to have the opportunity of going to Mont-Dore, the French centre for the treatment of asthma, to take the cure for the prescribed three weeks.

Whilst there I at first felt very tired and found the treatment very strenuous, but towards the end of the cure I improved so much, and incidentally so had the weather, that I was quite sorry to leave. The tablets I have finished with completely, but I still use the inhaler a little. How successful the treatment has been only the forthcoming winter will prove.

Mont-Dore L'Etablissement Thermale is built on volcanic strata from which gush the radioactive thermal springs and gases. The treatment is taken twice daily, the morning treatment from 6.30 a.m., before eating or drinking. It lasts for about one-and-a-half to two hours, after which one returns to bed for breakfast and a rest. The afternoon treatment lasts for only about half-an-hour, and is taken from 4.30 to 6 p.m. Staying at a fairly cheap hotel and taking second-class treatment, it costs in the region of £80 for the three weeks. L'Etablissement is open from May until the end of September each year, and July and August are the two most expensive months, but also the time when one can expect the best weather.

A special costume made out of thick cream wool is worn for the morning treatment, partly to facilitate taking the treatment and partly for warmth after being in the hot rooms. These garments can be hired locally for the three weeks at a cost of about eighteen new francs. Only a bathing suit is worn underneath, and since the long pants enclose the feet as well, no stockings are necessary. A thick overcoat is also worn over the costume to go to L'Etablissement, and white canvas shoes complete the outfit.

A warm welcome from a gendarme, and a box of preserved fruits, for Hilary Luck, who was in the party of twelve from this country

My treatment was as follows in the mornings:

1. Drink 100 grammes of Madeleine spring water (about 3½ fluid ounces). This contains silica, bicarbonate of soda, iron, and a trace of arsenic and other minerals.
2. Inhale thermal gas direct from the source through a special wooden pipette for 15 minutes, 7½ minutes up each nostril.
3. Vapour douche for two minutes on the front of the chest and three minutes on the back. For this one sits on a special slatted seat with arms and no back, in a little cubicle. A wooden collar is then placed round the neck and hot steam is hurled from a tap in the wall on to the exposed part of one's anatomy. On alternate days I had what was called a demi-bain. This was most agreeable and consisted of sitting in a bath filled up to the waist with the hottest spring water, 103° F.
4. Aspiration 20 minutes salle B, 25 minutes salle A. These rooms are filled with hot, moist steam rather like a thick fog with visibility about four feet. If the floor were not marked out with special tiles, it would not be easy to find one's way out again. Here one wears only a bathing suit and cap; a couple of towels are hung around one's neck, one down the front and the other down the back. One is supposed to walk about in here taking deep breaths all the time, but seats like park benches are placed in the centre and around the walls of the room should one feel the need to sit down. Salle B is very much hotter than salle A, and I found it very tiring to walk about, so I invariably sat in there.
5. Another 100 grammes of Madeleine.

For the afternoon treatment I had:

1. Another 15 minutes inhalation of thermal gas.
2. Gargle with Madeleine.
3. 100 grammes of Madeleine to drink.

To gain any lasting benefit one has to take the cure for three successive years; even then a complete cure cannot be guaranteed except in the case of young children. There seemed, however, to be plenty of evidence of people having been completely cured after the three years' treatment. One French lady told me that after the first year she had not needed to take any medicaments during the winter. I also heard of an English lady who was so ill the first year she was there that she was carried into the spa on a stretcher. She was completely cured after three years.

In addition to asthma, emphysema, hay fever, nasal congestion, vocal troubles affecting singers and public speakers, and anosmia are also treated at Mont-Dore.

Readers requiring any further information should contact Mrs. Sykes, 9 West Halkin Street, Belgrave Square, London S.W.1, public relations officer for Mont-Dore, who would be glad to answer questions and supply literature.

Friends for Brighton District Nursing Association

THOUGHT to be the first organisation of its kind in the country, the Friends of Brighton District Nursing Association was launched at a special meeting at which the Mayor of Brighton presided.

A message of goodwill from the League of Hospital Friends, whose activities are well known, was read by Mr. R. H. Coleman Cohen, who said he was confident that other district nursing associations would follow Brighton's lead and form friends' organisations. The objects of the Friends are:

To mobilise, encourage, foster and maintain the interest of the public in the nurses and patients, and to support the work of the Brighton District Nursing Association by means of voluntary service.

To maintain the relations and associations which existed prior to July 1948 between voluntary bodies and the Brighton District Nursing Association, and to provide opportunity for such voluntary bodies to continue their activities for the benefit of the Association not withstanding its place in the National Health Service.

To provide funds for the purpose either of supplementing in such manner as the Friends think fit the resources of the Association, or of putting such funds, or any part thereof, at the disposal of the management committee of the Brighton District Nursing Association to be applied to supplement their resources.

To recruit and assist in the recruitment of voluntary workers in and for the Association.

To provide a link between the Brighton District Nursing Association and the community which it serves.

To co-operate with all other bodies for the benefit of the Queen's nurses' service.

To encourage inter-communication and co-operation with other similar bodies.

To do all such other things as are incidental or conducive to the attainment of the above objects.

The Association feels that it will be some time before the Friends can cover the needs they have in mind,

Control of T. B. in Adolescence

THE Control of Tuberculosis in Adolescence was the theme of a symposium convened by the Chest and Heart Association on 28th September, 1960. In his opening address the chairman, Professor F. R. G. Heaf, drew attention to the 20 per cent of sufferers whose tuberculosis lesions are formed by drug-resistant organisms, and he presented the challenge to exterminate tuberculosis in adolescence. Twenty-five per cent of schoolchildren are infected and it is the treatment of the symptom—free primary infection—which must be aimed at.

B.C.G., reported Dr. T. M. Pollock, is proving a safe protection for at least seven-and-a-half years and the vaccine has great potentialities. He also expounded the benefit of I.N.A.H. as a cheap and effective addition to the anti-tuberculosis drugs.

The fact that the adolescent problem does not stand in isolation, but is an outcome of childhood conditions and that therefore in order to control the disease childhood infection must be dealt with, is the principle underlying a scheme in action in Newcastle on Tyne which was outlined by Dr. F. J. W. Miller. In Newcastle, social problems connected with poor housing are still very evident and Dr. Miller aims at prompt and efficient treatment of primary and post-primary infection to avoid spread.

"Routine tuberculin testing of schoolchildren is useless unless the information provided leads to action", said Dr. A. H. Griffith, speaking on that subject. He expressed hope that the increased use of the Heaf test, which is both cheap and acceptable to parents and children, will result in more extensive testing of schoolchildren.

Dr. C. J. Stewart, the last speaker, pointed out the danger of that group of patients who suffer from latent disease which is difficult to diagnose. Slides demonstrated very rapid development and spread of the disease in several adolescents. Dr. Stewart also made a plea for vigilance as bovine tuberculosis, although theoretically non-existent is, in fact, still a danger and recent examples were given in confirmation of the statement. He also stressed the great need for rehabilitation and continued education for adolescent patients undergoing treatment.

The lively discussion which followed these papers was opened by Dr. Bentley.

"Should we not vaccinate all infants against tuberculosis just as we do against other illnesses?" asked Dr. M. Griffiths from Manchester. An area medical officer of health from a country district deplored the fact that the present administration of the National Health Service made prompt action following a recently diagnosed case impossible in a country district, as it is the county medical officer of health who is responsible for the tuberculosis service.

Summing up, the chairman voiced appreciation of all the contributions made by the speakers, and expressed the hope that a similar symposium might be arranged in the near future. **L.H.**

Increased Insurance Benefits

INCREASES in national insurance benefits, pensions and allowances, proposed by Mr. John Boyd-Carpenter, Minister of Pensions and National Insurance, are shown in the following table. If approved by Parliament, they will come into force next April.

Pension, Benefit or Allowance	*Present Weekly Rate*	*Proposed New Rate*
Unemployment Benefit and Sickness Benefit	50s.	57s. 6d.
Married women (normal rate)	34s.	39s. 0d.
Retirement Pension (at minimum pension age)		
Insured Person or Widow	50s.	57s. 6d.
Uninsured Wife of Pensioner	30s.	35s. 0d.
Increases for Dependents		
Wife or other adult	30s.	35s. 0d.
First or only child (except widow's children)	15s.	17s. 6d.
Other children (except widow's children)	7s.	9s. 6d.
Widow's Allowance (first 13 weeks of widowhood)	70s.	80s. 0d.
First child	20s.	25s. 0d.
Each other child	12s.	17s. 0d.
Widowed Mother's Allowance (including provision for one child)	70s.	82s. 6d.
Each other child	12s.	17s. 0d.
Widow's Pension	50s.	57s. 6d.
Widowed Mother's Personal Allowance	50s.	57s. 6d.
Maternity Benefits		
Maternity Grant	£12. 10s.	£14
Home Confinement Grant	£5	£6
Maternity Allowance	50s.	57s. 6d.
Child's Special Allowance		
First or only child up to	20s.	25s. 0d.
Other children up to	12s.	17s. 0d.
Guardian's Allowance	27s. 6d.	32s. 6d.

Course in Obstetric Nursing

PROVISION of a period of obstetric nurse training for female student nurses during general training, which will subsequently count towards midwifery training, has been agreed in principle by the General Nursing Council and the Central Midwives Board.

They have agreed a course of three months' training in obstetric nursing which will enable a reduction of two months to be made in subsequent midwifery training.

The training will be subject to approval and inspection by the Central Midwives Board in close co-operation with the General Nursing Council. The course must be taken in the last half of general training and every endeavour should be made for it to take place in the last six months of nurse training.

The Central Midwives Board will make a further statement about midwifery training. It is their ultimate intention to organise a single period of ten months' training leading to certification as a midwife, but for the immediate future a four months' first period will be organised for general trained nurses who take the approved course of obstetric nurse training.

The authorisation of these changes will require a new Statutory Instrument which the Central Midwives Board will seek to obtain as soon as possible.

Speaking and Teaching with Interest or *Man Cannot Learn by Facts Alone*

THIRTY superintendents and their assistants from London D.N.As. last month attended a course on Speaking and Teaching with Interest given by Miss Marjorie Hellier at the Queen's Institute. Miss Hellier, formerly with the Old Vic, is not only well qualified on paper (she is a gold medallist of the London Academy of Music, an Associate of Trinity College, London, and a Licentiate of the Guildhall School of Music); an hour listening to her shows that she has complete mastery over her subject. No one coughs, or drops pencils; everyone is absorbed in listening and watching, for her facial expressions contribute not a little to what she says.

A medical officer of health recently admitted in public that the chief effect his lectures had on student district nurses was to send them to sleep. Members of the public, S.D.Ns. among them, are subjected to such blandishments by way of the television screen that a plain statement of facts is not going to attract, let alone keep, their attention. Skill in presentation is needed, and for this reason the Institute organised the experimental course for the London area. The response has been such that it is hoped to stage further courses in other parts of the country next year.

The course consists of four sessions:

1. How to give an interesting talk.
2. How to develop an interesting voice.
3. How to lead an interesting meeting.
4. Expressing yourself with interest.

In response to a request from those attending the course, a further two-hour session on How to Lead a Group Discussion is being arranged.

Miss Hellier writes:

This short course is intended to be both straightforward and practical. The theme throughout is that of interest—its importance in putting one's ideas across, whatever the subject, occasion or audience.

The first talk deals with the mental side: how to catch the hearers' attention, stimulate their imagination and "give them something to think about".

The second deals with the vocal side: how to harness breath to speech; project tone; clarify and vitalise utterance; with practical exercises. Also suggestions for overcoming monotony and mannerisms.

The next session is concerned with all that may be expected of us at meetings: taking the chair, making a short speech, proposing a vote of thanks, and even asking (and dealing with) questions.

The final session is entirely practical, members taking turns to speak briefly, and to receive constructive criticism and advice.

F.S.S.N. Members and Graded Pension Scheme

FINAL decisions on certain aspects of the effect of the graded pension scheme have yet to be reached by the Executive Committee of F.S.S.N. before a memorandum of information and advice can be issued for the guidance of F.S.S.N. members.

It seems, however, urgently necessary to correct certain misapprehensions, apparently founded on recent rumours or reports, which are agitating a number of nurses and other members and prompting them to ask questions such as the following, to which the answers are:

1. Question

Will all monies paid into superannuation schemes become frozen on the introduction of the new Government scheme?

Answer

No. The graded pension scheme will not affect members' rights in respect of F.S.S.N. benefits already earned, nor in respect of future benefits which fall to be dealt with under F.S.S.N. Rules.

(It is only if the employer can "contract out" that he has to set aside from the benefits under his own scheme an amount sufficient to secure the equivalent of the graded pension to which the employee has become entitled whilst employed with him; and the set-aside part is then frozen to be applied in just the same way as if it were the graded pension itself. So far, the general conclusion is that it would be too difficult to make the arrangements necessary to enable employers to contract out as far as F.S.S.N. is concerned.)

2. Question

Will members lose their privilege of choosing to take their F.S.S.N. benefits as a lump sum in preference to an annuity on retirement if they wish?

Answer

No. In respect of all benefits falling to be dealt with under F.S.S.N. rules, members will retain their existing rights of option as to whether they take their F.S.S.N. benefits on retirement in lump sum or in annuity, or in parts of each, and F.S.S.N. benefits will be payable irrespective of the age at which retirement occurs.

3. Question

Ought they to retire now in order to receive their F.S.S.N. benefits under present conditions before the introduction of the Government graded pension scheme next April?

Answer

Definitely no—for the reasons given in answer 2 above.

4. Question

What is the position of members employed by participating institutions; and of those who have opted to be subject to F.S.S.N. whilst employed in the National Health (or local authority) Service?

Answer

They will continue to be subject to F.S.S.N.

(Certain matters in regard to F.S.S.N. optants in the National Health (or local authority) Service are still under discussion between the Scheme and the authorities.)

J. P. Wetenhall, General Manager, F.S.S.N.H.O.

Miss I. H. Morris, senior superintendent of home nursing, Birmingham, receives her badge

LONG SERVICE BADGE PRESENTATIONS

London

OUT of one hundred and twenty Queen's nurses who were eligible for the twenty-one years' long service badge this year, eighty attended the presentation ceremony at Fishmongers' Hall in London.

These nurses have been caring for the sick in their own homes not only in peacetime and through the teething troubles of the National Health Service, but also throughout the second world war. Three of them served in H.M. nursing forces during the war. Several have worked abroad, including three in Canada with the Victorian Order of Nurses, and two with the Malta Memorial Nursing Association: one was among the six who pioneered this service in 1946, and the other pioneered the service in Gozo, a very rural island five miles by sea from Malta. Others have worked or are working in Bermuda, Newfoundland, Nyasaland, Rhodesia and Singapore.

Photographs by courtesy of Nursing Mirror

The Duchess of Beaufort with the nurses after the presentation ceremony

Edinburgh

THE presentation of long service badges to twenty-one Scottish Queen's nurses took place on 28th October in The Caledonian Hotel, Edinburgh. The presentations were made by Sir Kenneth Cowan, M.D., F.R.S. (Ed.), chief medical officer, Department of Health for Scotland, who was introduced by Professor G. A. Montgomery, Q.C., chairman of the Scottish council.

Sir Kenneth congratulated the nurses on their long service to the Institute and devotion to duty. He stated that he had been associated with the Institute for many years and had always admired it as a voluntary organisation. It had a great reputation and the reputation of an organisation was according to the people who worked in it.

Mrs. Struan Robertson, joint honorary secretary, thanked Sir Kenneth for presenting the badges. In appreciation of their presence, a book on Scotland was given to Sir Kenneth and a bouquet to Lady Cowan.

Miss M. B. Nicoll, organising tutor of the Q.I.D.N. health visitor course at Bolton, presented a bouquet to Her Grace

Photographs by courtesy of Nursing Times and Photo-Reportage Ltd.

Miss Gray, general superintendent, admiring the badge of one of the three nurses from Scotland who attended the ceremony in London. Left to right: Miss C. Macleod (Isle of Lewis, Outer Hebrides), Miss Gray, Miss M. S. Dunbar (Wick) and Miss M. A. E. Young (Edinburgh)

NURSING BOOKSHELF

Obstetrics for Nurses by Louise Zabriskie. Tenth edition revised by Elise Fitzpatrick R.N., M.A., and Nicholson J. Eastman, M.D. (Pitman Medical Publishing Co. Ltd., price 48s.)

A VERY useful reference book. The text of this book is essentially American and could confuse the nurse working in another country, but basic principles of anatomy, physiology and management are the same for nurses either side of the Atlantic.

In America much of the obstetric nursing consists of assisting the doctor; thus chapters on management do not contain as much detail as would be necessary for the British nurse to know.

D.F.S.

Portrait of Social Work. A Study of Social Services in a Northern Town. By Barbara N. Rodgers and Julia Dixon. (Oxford University Press, price 25s.)

THE more complex the Welfare State the more complicated become the arrangements for interpreting it. Beveridge's original ideal of "Freedom from Want" has brought forth a multiplicity of people and services to fulfil it. Is the shortage of trained social workers going to prove one of the weaknesses? At the present time, according to the Younghusband Report, it is estimated that 89 per cent of social workers of all categories in local health and welfare departments have no qualifications in social science or in professional social work.

As the Minister of Health said recently, the acid test of our National Health Service depends on our ability to channel the resources of modern medicine so that they may reach the ordinary citizen. This is equally true of other social services.

In *Portrait of Social Work*, Barbara Rodgers and Julia Dixon set out in minute detail the social services in a northern town. Beginning with the staffing and development of these, they go on to describe them under three headings: (*a*) local government, (*b*) central government, and (*c*) the voluntary organisations. They comment later on attitudes to social work, co-operation, the social workers themselves and their salary structure, the relationships between social workers and general practitioners, and social workers in industry. From this survey the authors draw certain conclusions, make recommendations and discuss the Younghusband Report and the future. The book is published and grant-aided by the Nuffield Provincial Hospitals Trust and sponsored by the Department of Social Administration at the University of Manchester.

There is a short account of the work of the local district nursing association, whose superintendent is included in the survey as a part social worker.

Health visitors, as more concerned with social work, are given more space, and in this town seem chiefly concerned with maternity and child welfare, tuberculosis and school nursing. There is no superintendent health visitor, such an appointment in the past having proved a failure. In the recommendations it is mentioned that "among the younger and more recently appointed workers were many whose uncertainty and frustration about some of their more difficult cases would have been relieved if they could have talked them over with an experienced family case-worker whose consultant function was recognised by themselves and by their authority". This would appear to apply to the health visitors just as much as to other workers. This case discussion is happening day in, day out, in the training of health visitors, district nurses and social workers. Should it not be continued more widely, especially in the early years after training?

Like the superintendent health visitor, a family case-worker, though unqualified, was appointed, but this also was not entirely satisfactory and lapsed after a short time. "Time and again one sees how co-operation depends on personalities."

There is an illuminating chapter on the average general practitioner's almost complete ignorance of the training and potentialities of either health visitors or social workers. This was commented on in a leader in *The Times* (4 July 1960), which excused it on the grounds of the family doctor's case-load.

The many other social workers and part social workers in the town are also mentioned in detail and the book gives good examples of the successes and failures in co-operation. It is a very fair portrait of what must be broadly the set-up in many towns as seen through the eyes of social workers. As such, district nurses might well read it, but the detailed reporting can become tedious, though they would have a much clearer idea of what constitutes social work by the end. An index would have helped for reference purposes.

E.C.T.

Relaxation for Childbirth. By Mary Barfield. (William Heinemann Medical Books Ltd., price 12s. 6d.)

THIS book is well set out as a series of six lessons on relaxation for childbirth as they could be given to an expectant mother, and each lesson is clearly and simply explained. However, I feel that the second lesson describing detailed methods of testing for relaxation would be somewhat tedious for the expectant mother, for whom the book is primarily designed. A teacher starting a class on relaxation would be more likely to find this chapter of value.

The illustrations throughout the book are consistently good and the description of the progress of labour is very easy to follow. Miss Barfield explains in her comments at the end of the book that she does not teach any active exercises as the time in classes is limited and exercises are only beneficial if carried out correctly, but it seems a pity that no mention is made of correction of posture or the necessity for post-natal exercises.

Also I feel that many of the comments included in the book on the reluctance of doctors and midwives attending mothers in labour to encourage relaxation, could be very damaging to the expectant mother in taking away her confidence in her attendants. It seems a pity that so many of the mothers attending Miss Barfield's classes have experienced antagonism to relaxation—surely something that is becoming increasingly rarer in this present day.

The extracts from letters written by the mothers at the end of each chapter are interesting and on the whole constructive and should help to stimulate any expectant mother to persevere with her practice. Finally, the pages devoted to relaxation for breast feeding and descriptions of positions for breast feeding are a very valuable addition to this book on Relaxation for Childbirth—a book which should prove of interest to all midwives attending mothers in labour.

P.W.

The September Examination

TWO hundred and eight students sat for the Queen's Roll examination held in September 1960, 180 of whom were successful.

Question 1

Question 1 did not seem very popular and not many students attempted it. Although it offered a wide scope, it was not well answered and the meaning of co-operation in its many different aspects was not fully understood.

Most students confined themselves to the message paper as a means of co-operation. Only very few mentioned the district nurse's part in preparation for hospital treatment and mental orientation towards recovery. Physical preparation of patients for examination at the hospital was not mentioned (for example, efficient colonic washout prior to sigmoidoscopy, with a report on any undue symptoms noticed during treatment).

Case conferences in hospital inviting the domiciliary team form another important basis for co-operation. Home visits by the district nurse or health visitor to assess suitability of the home before the patient's discharge are necessary to ensure satisfactory after-care. Supplies of dressings to tide the patient over until a prescription can be obtained are not always given, which undermines continuity of care. Notification to the general practitioner and the district nurse of the patient's approaching discharge are spheres where co-operation should be exercised in the interest of the patient.

Co-operation between the hospital and the local health authority concerning the supply of equipment and arrangement for social services is most important if continuity of treatment, without overlap, is to be maintained. In one instance, a patient was supplied with four commodes from different sources.

Question 2

This question was fairly well answered on the whole. Most students appreciated the importance of keeping the family united but few mentioned the possible help of relatives during this time of emergency.

Most candidates anticipated the mother's early return home, although the wording of the question did not indicate any prognosis; very few, therefore, made any suggestion for a long-term policy.

Question 3(a)

Very mixed answers were given to this question. Some students described the duties of the public health inspector very clearly and fully, others did not realise that the public health inspector was formerly the sanitary inspector and encouraged co-operation between the two. The public health inspector was given a variety of duties from town and country planning to the inspection of pipes to see if they were "suitable for human habitation".

The public health inspector is an officer of the local authority and is responsible chiefly for the environmental health services under the guidance of the medical officer of health.

Question 3(b)

This part of the question was reasonably well answered but the position of the hospital management committee and the teaching hospital in relation to the regional hospital board was not always understood.

Question 3(c)

The comments on the local executive council showed lack of understanding of the administrative structure of the National Health Service Act. Executive councils are appointed in each local health authority to make arrangements with general practitioners, dentists and pharmacists in the area to ensure adequate provision of these services for which the executive councils pay on behalf of the Minister of Health.

Question 3(d)

The few students who wrote notes on the National Society for the Prevention of Cruelty to Children had fairly accurate knowledge of the voluntary character and the main work of the Society. Several, however, seemed to be under the impression that the work of the Society consisted chiefly of bringing

THE QUESTIONS

Time allowed for examination: three hours. Important—**two** *questions only to be answered in Part I and* **four** *in Part II*

PART I

Two questions only to be answered from this section

1. Discuss the ways in which co-operation between the domiciliary nursing services, the hospital and general practitioner might be achieved in the interests of the patient.
2. You are attending a young mother whose condition needs admission to hospital. She is worried about her children of 18 months, 3, 8 and 10 years. Her husband works from 7.30 a.m. to 5 p.m. What advice would you give her, and what services can be brought in to help the family?
3. Write notes on **three** of the following:
   (*a*) a public health inspector; (*b*) a regional hospital board; (*c*) a local executive council; (*d*) The National Society for the Prevention of Cruelty to Children.

PART II

Four questions only to be answered from this section

4. A day's round of visits includes the following:
   (*a*) a patient aged 25 years with pulmonary tuberculosis having injections; (*b*) a supervisory visit to a diabetic patient whom you have recently taught to give his own injections; (*c*) a patient with cardiac failure having injections of mersalyl; (*d*) a first visit to a patient with scald of arm; (*e*) a patient with hemiplegia for a weekly blanket bath; (*f*) a patient with an ulcerated leg needing dressings; (*g*) a patient with disseminated sclerosis for general care; (*h*) a patient with acute bronchitis and pleurisy.
   In what order would you visit these patients? Give your reasons in each case. What factors may have to be taken into consideration when planning your round?
5. Describe one of the "visits of observation" you made during your training. How may the knowledge you gained by the visit help you in your future work?
6. Describe the various aspects of the care of a patient with rheumatoid arthritis.
7. What dietary deficiencies may be found in old people living alone and what steps should be taken to meet the problem?
8. (*a*) What records should a district nurse make and what purpose do they serve?
   (*b*) What information would you include on the message paper on the first visit to a patient with pernicious anaemia?

cases of child neglect and cruelty to the notice of the Courts. In point of fact, legal prosecution is the very last resort and the N.S.P.C.C. officers do their utmost to deal with the cases brought to their notice by means of warning, advice and patient supervision.

Question 4

Although this question was well answered on the whole, most students did not allow for sufficient flexibility in the order of visits. The majority visited the diabetic patient first, although the scalded arm may well have needed urgent attention; it would have been wise to state whether first aid treatment to the scald by the general practitioner prior to the nurse's visit was taken for granted.

Such a round needs to be planned according to the individual circumstances; there is no "correct" order but clear reasons should be given for the selection of visits. Very few students mentioned possible appointments with the G. P. in the patient's home.

Question 5

Interesting and lively descriptions of many different visits were given, among which old people's homes, radiotherapy centres and factories were predominant. Some nurses found the visit to a local health department useful, as they were able to get a clear picture of all the local health authority services.

Many students ignored the second part of the question and did not correlate the visit to their future work at all.

An old people's home, for instance, could give a district nurse many ideas of how to keep old people occupied and of the nursing aids and gadgets which could be adapted for use in the patient's own home. A nurse who is familiar with the routine of such homes will find it much easier to reassure an old person who fears admission.

A visit to a radiotherapy department will enable a nurse to prepare her patient more adequately for treatment. An intelligent understanding of side effects and reactions of radiotherapy will result in better and more suitable care of those patients receiving such treatment.

Question 6

The physical care of these patients was quite well described by most students; rest of inflamed joints and correct application of splints, if ordered, might have been mentioned. The wording of the question should have led to much more consideration of the other aspects of care such as mental, spiritual, social, domestic and educational. The answers were not well balanced, some students gave far too much time to physical nursing care and then found themselves without time for comment on domestic arrangements.

Question 7

The dietary deficiences of mainly proteins, vitamins and roughage were obvious to most students who answered this question, and the reasons given for this were lack of means and inability to go out shopping. Only a few mentioned ignorance, and toothless mouths finding it difficult to chew. Few students gave practical advice as to the choice of foods and suitable preparation. The need for one cooked meal daily was recognised by most students and the help of mobile meal services was enlisted.

Old people who are able to go out should be encouraged to do so, and there are facilities in many areas for them to obtain cheap midday meals which they enjoy eating in company. Many old people would not be housebound if they obtained chiropody treatment, which is available in most areas.

Steps taken to meet the problem of dietary deficiencies in old people should not be confined to measures carried out by the district nurse. Education by means of newspaper, wireless and talks to old people's clubs as well as individual teaching are important.

Question 8(a)

Most examiners remarked on the poor answers to this part of the question. A variety of different records were listed without method or order. Although the forms of records kept by different authorities vary considerably, the underlying principles and purposes for keeping them are the same. The legal aspects of keeping records for three years and their value as possible evidence in a court of law were not mentioned.

Question 8(b)

Some students answered this part of the question well, giving both routine information and that particular to the clinical aspect of pernicious anaemia, but in many answers one or other of those aspects was omitted. Special observations in view of the patient's diagnosis would be colour of skin, tiredness and irritability, dizziness, nausea, diarrhoea and complaints of tingling and weakness of legs. The treatment ordered and given should be included and the advice given to the patient or relatives.

National Certificate of the Ministry of Health

The first district nurses to receive the national certificate of the Ministry of Health were 144 of those who passed the September examination held under the auspices of the Queen's Institute (marked with an asterisk on the Pass List below). These were nurses trained in England and Wales who were able to fulfil the requirements of the Ministry in time for the September examination.

With regard to the future position of Queen's nurses without the national certificate, the Ministry of Health states: "The Minister takes the view that the term 'with district training' is sufficiently wide to embrace all registered nurses with approved district training whether undertaken before or after the introduction of the national certificate examination. Existing Queen's nurses will therefore be eligible for appointments in the future on the same terms as nurses holding the national certificate."

The Ministry further states that the same considerations apply to registered nurses obtaining the Queen's certificate in Scotland and Northern Ireland. It also applies to nurses from Eire, provided they are properly registered in the United Kingdom.

Examination Pass List

The following have been enrolled as Queen's nurses from 1st October, 1960; * indicates those who have also obtained the national certificate

Barnsley
Biegalski, Halina
* Chambers, Rosemary
* Cross, Eveline

Birmingham
* Bartlam, Brenda Victoria
* Carr, Anthony John
* McGee, Sheila
* Pearse, Kathleen Valerie
* Stuart, Margaret Joyce
* Swift, Muriel Noreen
* Walley, Freda Inez

Bolton
* Luscott, Beatrice Mildred
* McCaughtrie, Edgar

Bradford
* Harpin, Doreen
* Willett, Sheila
* Wrigley, Joan Dews

Brighton
* Berthoud, Teresa Mary
* Cooley, Eleanor
* Crust, Kathleen Joan
* Kelly, Annette Molly
* McMahon, Edward
* Perkins, Angela Lesley
* Tucker, Ruth

Bristol
* Edwards, Eurita Barbara

* Hogg, Mavis
* Jeffries, Esmé
* Jenkins, Lilias Grace
* Room, Edyth Audrey

Bury
* Sheppard, Enid

Camberwell
* Caffyn, Anne Elizabeth
* Cordner, Rachel
* Randell, Jane

Croydon
* Apenes, Beatrice Ingeborg
* McCann, Kathleen Jane
Richardson, Jennifer Susan
* Simmons, Gladys
* Varley, Josephine Mildred

East London
* Bloore, Audrey Joan
* Hughes, Mattie Eirlys
* Newman, Audrey Eunice
* Pearce, Averil Mary
* Van Rooij, Martha Johanna
* Williams, Dorothy Gwenllian

Essex County
Broom, Donald Edward
Jordan, Patricia Evelyn
Keetch, Joyce Ivy
Nelson, Enid Lorita
Nicholls, Patricia Margaret
Reeves, Dorothy Ann
* Ross, Williametta Audrey
Smith, Dolores Alvine
Williams, Glenys

Exeter
* Hayward, Betty Margaret
* Moule, Felicity Ann Spencer
* Rudman, Rita Mary
* Smith, Barbara Cecilia

Gloucester
* Christopher, Barbara Margaret Anne
* Cottrell, Margaret Theresa
* Greaves, Cynthia Helen
* Newman, Pamela Ann
* Rennett, Nancy Beatrice
* Rogers, Iris Susan
* Tomlinson, Gillian Mary
* Williams, Elizabeth Gaynor

Guildford
* Ofoma, Cecilia Ogochukwu

Hackney
* Davidson, Dorothy
* Hodgson, Dorothy
* Junor, Olive Joy
* Magovern, Bridget Rose
* Sutherland, Norma Rita Elaine

Huddersfield
* Battams, Laura Gladys
* Easter, Dorianne

Kensington
* Azzone, Sabina Giovanna Giuseppina
* Came, Janet
* Gastrell, Pamela
* Glendinning, Mavis
* Green, Rosetta Violet
* Nnabugwu, Eleazer Okeke
* Somers, Muriel
* Thomson, Isobel

Lancashire
* Ballantyne, Jean Pamela
* Brock, Elizabeth
* Burrell, Anne
* McCafferty, Barbara
* Nicholls, Sarah
* Towers, Ellen Teresa

Leicester
* Barnes, Barbara Margaret
* Deakin, Sheilah Margaret
* Neil, Ursula Anne Hallett
* Smedley, Lily
* Smith, Betty Lee

Liverpool
Dykes, Betty
* Harper, Janet Bremner
* Roberts, Leslie
* Round, Rosemary

Manchester (Harpurhey)
* Hackett, Joan
* Maylor, Monica Yvonne
* Renshaw, Brenda Mabel

Metropolitan
* Bennett, Mary
* Clarke, Ursula Patricia
* Edwards, Shirley Veronica
* Gregory, Kathleen
* Harrison, Christine Alana
* Piper, Iris Lilian June
* Winnard, Anne

North London
* Douchand, Manuela Mantia
* Olajoyegbe, Yeside Yetunde Gbemisola
* Wallace, Lucia Pauline

Oxford
* Cowling, Rosemary
* Fordham, Joyce Ellen
* Howlett, Clarice Thorne
* Pye, Jane Anne
* Robinson, Edith Mary

Paddington and St. Marylebone
* Smith, Lois

Reading
Bailey, Joan
Eiles, Gladys Irene
Lenton, Anne Christine Hutchens

Rochdale
* Ashworth, Jean
* Bowe, Ivy Eleanor
* Evans, Jane Margaret Powell
* Evans, Mary
* Gordon, Jessie
* Nuttall, Beryl
* Whalley, Elizabeth
* Worrell, Marjorie

Rotherham
* Goodwin, Margaret Ann
* Hutton, Hazel Elizabeth
* Shentall, Marion

St. Helens
* Hunt, Jean

St. Olave's
* Clarke, Winnifred
* Cotter, Joyce
* Gordon-Watson, Josephine
* King, Edna Maud
* Lucas, Bayomi Adeola Olusola
* Pye, Kendall
* Raws, Sheila Margaret

Salford
* Burrows, Anne
* Ladipo, Wuraola Olufunke

Sheffield
* Hardcastle, Gladys
* Mason, Doreen Elaine

South London
* Emuss, Sylvia Maud
* Lashley, Joyce Marjorie

Stockport
* Howarth, Margaret Helen

Surbiton
* Aidoo, Philomena Margaret
* Johnson, Josephine Mary
* Wells, Margaret
* Wood, Daphne Helena

Watford
* Banks, Evelyn
* Holmes, Norma Elizabeth
* Horner, Edith Rosemary Baldwin
* Yearsdon, Kathleen Vera

Westminster and Chelsea
* Gordon, Marion Berna
* Harvey, Sigrid Margaret
* Palmer, Elizabeth Beatrice
* Smith, Elizabeth

Woolwich and Plumstead
* Donohoe, Agnes
* Marsden, Penelope Anne
* Nott, Joyce Maud Theodora
* Thomas, Gwendoline Ethel

Worcester
Leonard, Sheila Mary

Ayr
Mullan, Mary Catherine

Edinburgh
Bandeen, Alicia Mary Jane
Christie, Thelma Mursalidh
Hodgkins, Jean Mary
Lean, Dorothy Elizabeth
Longbottom, Joyce
Maciver, Catherine Henrietta
Robertson, Mary Maclean
Ross, Mary McDonald
Thomson, Iona Bryce Moore
Thomson, Rachel Adam Robertson

Glasgow
Brugger, Eva Maria
Graham, Agnes
Miles, Pauline May
Sinclair, Olive Muriel

Belfast
Devenney, Whilma Jane
Flanagan, Iris
McQuaid, Mary Margaret

Dublin
Marren, Mary Margaret
Ryan, Anne
Tubridy, Annie Josephine

Correspondence

Fresh Inspiration

I was most interested to see that a refresher course for district nurses is to be held at Southampton University, and it occurred to me that some district nurses may wonder whether such a refresher course is worth attending.

I attended the course held at Bedford College, London, in January of this year, and I found it a most interesting and helpful experience.

Not only were the lectures really helpful, but the fellowship one experienced was most enjoyable. I was the only delegate from Southampton, and had feared that I should feel very alone. This was not so, however, for everyone was so friendly. People who on the first evening were strangers, by the end of the week were fellow students, eager to share experiences, suggestions, ideas.

The course was not "all work and no play". We enjoyed one unique evening visit to the Tower of London.

What the next refresher course has in store for those who are able to go I do not know, but I have no doubt that in Southampton someone will find fresh inspiration for carrying on the "trivial round and common task", of one of the happiest of careers—the district nurse.

Margaret E. Carter, S.R.N., Q.N.cert.

Flat 6, 1 Archers Road, Southampton

Christmas is coming

The geese are getting fat,
Please to put a penny in the old man's hat.
If you haven't got a penny, a ha'penny will do,
If you haven't got a ha'penny, God bless you.

Although part of a Christmas carol popular with choirs today, these lines were written many years ago, and we feel sure that none of our readers are in such reduced straits as those mentioned in the rhyme.

All the same, you may be glad to save 4s. (or 8s. or more) by giving your colleagues a year's subscription to *District Nursing* at the special Christmas rate—only £1 for the whole year, a saving of 4*s.* on each.

Send us—Circulation Department, 57 Lower Belgrave Street, London, S.W.1—the names and addresses of your friends, with a cheque or postal order, and we will post the December issue with greetings from you.

The president, chairman, and hon. treasurer receiving the Lord Mayor and Lady Mayoress

Dinner in Birmingham

"WHAT might be a controversial subject: uniform", was skirted round very neatly by Dr. Matthew Burn when he complimented members of The Association of District Nurses, saying that he much preferred them in their mode of dress that evening. It is, however, a little difficult to imagine the smart cocktail dresses being worn on the district, or to visualise the president, Miss Joan Gray, attending a committee meeting in her regal gown—a strapless crinoline of white satin printed with tangerine roses. And if more than one nurse did look straight through someone who was very familiar when wearing blue, well, what of it?

The occasion was the annual dinner of The Association of District Nurses, held this year in Birmingham and attended by over a hundred members and their guests from England, Wales and Scotland. The gathering was a lively one from the word go; perhaps the diners were influenced by the activity outside, where bonfires blazed and catherine wheels whizzed. Attention was divided between the filet de sole mornay, poulet grille à l'Americaine and poire melba, and the renewing of old acquaintances and making of new ones.

On the whole, we think attention was divided fairly evenly, a very slight hush falling as each course was served and the talk and laughter rising to a crescendo as the plates were emptied.

Although a regrettable number of cigarettes appeared after the president had proposed the loyal toast, the atmosphere did not become as dense as is usual at dinners, which is perhaps fortunate since more than one speaker referred to the Clean Air Act.

Miss Joan Gray proposed the toast The City of Birmingham, which she said was a most progressive city, particularly in all matters relating to public health, living up to its motto: Forward. It was the second largest city in the country.

Responding to this, the Lord Mayor, Alderman Garnett B. Boughton, told the story of the Birmingham man who went to Manchester and in eulogising his own city mentioned that it was the second largest city in Britain. His Manchester friend looked doubtful: "That's strange. We in Manchester have always considered London as the second city."

The toast The Association of District Nurses was proposed by Dr. Matthew Burn, medical officer of health for Birmingham. Dr. Burn said he was very conscious of the great and valuable work that members of the Association were doing throughout the country. The health committee of Birmingham was equally appreciative of the work: it spent £200,000 annually on the domiciliary services, the second largest amount spent on any service.

Miss Nancy M. Dixon, chairman of the Association, replying to the toast, said that although the Association was not yet a very large one, it was extremely proud of the part played by its members in nursing affairs. The president served on the councils of the Royal College of Nursing and the Royal College of Midwives. Two members had recently been elected to the General Nursing Council, and one was also chairman of its assistant nurses committee; in addition, another member had been appointed by the Minister of Health to serve on the Council. Three members served on area nurse training committees; and four members on the Grand Council of the National Council of Nurses.

The Lady Mayoress accompanied the Lord Mayor, and Dr. Burn and Dr. Essex-Cater, who responded to the last toast, were accompanied by Mrs. Burn and Mrs. Essex-Cater. This toast, The Guests, was given by Miss E. Morain, deputy nursing officer for Worcestershire, in a manner which must have charmed all the guests.

A presentation to Miss Ryding, who was retiring from the post of honorary treasurer after serving for five years in such a way that the Association was fortunately no longer in the red, concluded the more formal part of the evening. It was followed by an all too short entertainment of songs, and piano solos.

No, we haven't related all the after-dinner stories, although some of them were extremely witty and amusing. You should have been there to hear them yourself. Why not come next year?

M.E.S.

The President, Miss Joan Gray
Photographs by courtesy of T. Bell

Obituary

Lady Hermione Blackwood

ONE of the few nonagenarians among Queen's nurses, Lady Hermione Blackwood died at Hampstead on 19th October at the age of 91.

After fifteen months at the London Hospital, Lady Hermione took her Queen's training at the Central Home, London, W.C., followed by midwifery training at Gloucester. From 1902 to 1913 she worked as a district nurse near her family home at Clandeboye, Co. Down.

During the first World War Lady Hermione was a ward sister in hospitals in England, Belgium and France, where she remained to nurse in the stricken areas for four years after the war.

It is interesting to note that Lady Hermione was for a number of years editor of *Queen's Nurses' Magazine*, forerunner of this journal, having played a leading part in establishing it in 1904.

Dame Ellen Musson

WITH the death of Dame Ellen Musson on 9th November, the nursing profession has lost one of its most distinguished members and one who has contributed a major share towards raising the profession to be worthy of the respect which it enjoys today.

For Dame Ellen was largely instrumental in founding the Royal College of Nursing, later becoming a vice-president, and played an important part in achieving state registration for nurses.

Dame Ellen trained at St. Bartholomew's Hospital; she was matron of Birmingham General Hospital from 1909 to 1923. From 1926 to 1943 she was chairman of the General Nursing Council for England and Wales; the length of time she held this office surely in itself testifies to the manner in which she carried out its duties.

Miss I. J. Stronach

THE death on 19th September of Miss Isabella Janet Stronach, Queen's nursing sister, Inverarity, Angus, is reported with regret. Miss Stronach, who was fifty-eight years of age, was appointed to the Queen's roll in October, 1935. She took up duty in Inverarity in May, 1940 and has served the community there for over twenty years. She will be greatly missed.

Miss Stronach held a similar appointment in Belhelvie, Aberdeenshire, for over four years.

Queen's Nurses Personnel Changes

APPOINTMENTS

Superintendents, etc.

Dors, M. R., Supt., Liverpool—Furber, M. M., Asst. Supt., Liverpool—McArdle, A. M., Supt., Liverpool—O'Donnell, J. A., A.N.O., Cheshire—Preece, J. M. W., Asst. Supt., Liverpool—Willison, F. M., Supt., Bradford—Worthington, E., Supt., Liverpool.

Nurses

Beckles, S. L., N. London—Bedster, J. M., Bucks.—Benjamin, K. M., Paddington—Bloore, A. J., Somerset—Burgess, Mrs. P. M., W. Sussex—Buxton, Mrs. E., Sheffield — Chadwick, M., Reading — Day, P. E. P., Southend—Elder, Mrs. K., Fulham —Hayes, Mrs. M., Bolton—Howes, Mr. J. C., Somerset—Hutchinson, H. R., Somerset—James, L. M., East Ham—Judge, Mrs. B. E., Berks.—Keyse, M., Warcs.—King, E. D. W., Somerset—Leigh, Mrs. H., Lancs.—Lucy, Mrs. A. M., Devon—Mallaburn, Mrs. E., Bucks.—Markey, S., E. London—Medhurst, I. D. M., Oxon.—Milward, G. E., Berks.—Mulligan, S. W., W. Sussex —Newman, A. E., Somerset—Parker, H. E., Somerset—Pearce, A. M., Somerset —Stevens, J. B. H., East Ham—Sweeney, C., Lancs.—Tingley, M. E., Surrey—Turpin, M., Surrey—Whiteside, Mrs. D., Chester—Wright, E. S., Cornwall.

LEAVE OF ABSENCE

Brown, Mrs. J., mid. trg.—Brown, S., H.V. trg.—Gastrell, P., H.V. trg.—Glendenning, M., H.V. trg.—Harper, Mrs. J.,H.V. trg.—Houton, R. M., mid. trg.—Kenyon, I. M., H.V. trg.—Lloyd, A. M., mid. refresher course—Lord, J., H.V. trg.—Marsden, J., D.N. tutor course—Powell, R. M., H.V. trg.—Van Rooij, M. S., H.V. trg.—Vaughan, M. C., H.V. trg.

SECONDMENTS

Buxton, D. J., public health nurse, Canada —Ebdon, J. C., public health nurse, Kenya.

RESIGNATIONS

Bonehill, B. A., Cornwall, work in Canada —Brereton, W. J., Liverpool, other work—Brown, Mrs. J. I., Essex, mid. trg.—Bruce, Mrs. A., Exeter, marriage—Chinn, C. L., E. London, returning to Jamaica—Clare, Mrs. I., Fulham, Jamaica—Coffin, L. M., Somerset, retirement—Copestake, W. M., E. Sussex, work in Canada—Dawkins, V. I., Kensington, returning to Jamaica—Edwards, R. I., Surrey, retirement—Floom, B. M., Brixton, living in America—Forber, A., senior supt. Manchester, retirement—Gough, Mrs. I., Liverpool, personal—Griffiths, B. D., Herts., H.V. trg.—Griffiths, E. M., Herts., H.V. trg.—Hall, K., W. Sussex, personal—Jordan, Mrs. D., Southend, personal—Kerr, J. M., Gateshead, personal—Long, A., Cumberland, retirement—Martin, M. F. T., Hackney, work in Ireland—Mitchell, I. W., Coventry, personal—Noel, Mrs. G. M., Lancs., retirement—Offergeld, L. S., Cornwall, work in Canada—Patterson, Mrs. E. A., Salop., personal—Preston, M., Lancs., abroad—Quinn, M. P., Belfast, other work—Reed, M. L., Herts., retirement—Robertson, E., Hackney, retirement — Robinson, M., Middx., work overseas—Simpson, Mrs. B., Worcs., personal—Smith, Mrs. D., Bucks, personal—Smith, M., Paddington, personal —Townsend, Mrs. M. E., Glos., personal—Ward, B. M. W., Dorset, personal—Wilshin, M. M., Oxon., other work.

Scottish Branch

APPOINTMENTS

Superintendents, etc.

Cameron, C. T. Glasgow (Bath St.), Asst. Supt.

Nurses

Brown, J. A. T., Roslin—Doak, M. M., Bower—Gentle, S., S. Queensferry—MacEachen, E., Johnstone—MacKenzie, F. B., Keiss—Martin, J., E. Kilbride—Scott, E. B., Greenock—Stephen, J. D., Fraserburgh.

REJOINERS

Campbell, T., Dunning (Temp.)—Higginson, Mrs. M. M., Edinburgh—Shearer, D. S., Glasgow (Dennistoun).

RESIGNATIONS

Kajzarova, K., Armadale, work abroad—Knight, M., Eddrachilles, marriage—Lowis, P., Portobello, hospital work—Macdonald, M., late of Taynuilt, private work—Macleod, M. A., Glasgow (Central), home reasons—McWilliam, Mrs., Glasgow (Bath St.), full-time health visiting—Morrison, J., Longcroft, retirement—Murchie, M. C., Armadale, hospital work—Murray, A. M., Kilsyth, hospital work—Taylor, Mrs. J. J., Glasgow (Dennistoun), home reasons.

SECONDED FOR WORK ABROAD

Hughes, C. P., Tullibody, Bermuda.

New Visitor For Western Area

(Midlands and Wales)

Miss E. Olwen Ashton, S.R.N., S.C.M., Q.N. & H.V. certs., has been appointed Queen's Visitor for the Western area (Midlands and Wales) in succession to Miss M. I. Sankey.

Miss Ashton, who took her general training at St. Mary's Hospital, Islington, and district training at St. Helens, has been superintendent of the central training home in Leicester for the last seven years. Prior to that, she worked as a district nurse in Hertfordshire and was superintendent of Heston & Isleworth and of other Leicester homes.

Miss Ashton takes up her new post next month.

CLASSIFIED ADVERTISEMENTS

Advertisements for this section can be received up to first post on the 2nd of the month for publication on the 10th. They should be sent direct to: District Nursing, 57 Lower Belgrave Street, London, S.W.1. Telephone Sloane 0355.
Rates: Displayed Setting: 17s. 6d. per single column inch: £2 per double column inch. Personal, 2½d. per word (minimum 12 words, 2s. 6d.): all other sections, 3d. per word (minimum, 12 words 3s.). Ruled border 5s. extra

APPOINTMENTS

CUMBERLAND COUNTY COUNCIL

(Affiliated to the Queen's Institute of District Nursing)

(1) **Health Visitors for West Cumberland**
(*a*) *Whitehaven* — One required. Combined duties.
(*b*) *Cleator Moor*—One required. Combined duties.

(2) **District Nurse/Midwife/Health Visitors**
(*a*) *Wigton* — One required. Three-bedroomed house available furnished or unfurnished.
(*b*) *Greystoke* (Ullswater area) — One required. Furnished cottage available.
(*c*) *Lazonby* — One required. Bungalow available, furnished or unfurnished.

(3) **District Nurse/Health Visitors for Alston** — Two required. General nursing and health visiting. Three-bedroomed house available furnished or unfurnished.

(4) **District Nurse/Midwife for Penrith**—One required.

(5) **District Midwife for Millom**—One required. New flat under construction.

Cars will be provided for all the above appointments. District training will be an advantage in all cases except under (1).

(6) **Queen's District Training**—Applications are invited from nurses S.R.N., S.C.M., wishing to work as district nurse/midwives in Cumberland. Arrangements can be made for them to take three or four months' training at an approved Queen's Nurses' Training Home.

Application forms obtainable from the County Medical Officer, 11 Portland Square, Carlisle.

SOMERSET COUNTY COUNCIL

Midwifery and Nursing Services

Health Visitor—Yeovil. Duties consist of maternity and child welfare and school work in borough. To work in group of four health visitors.

Health Visitor—Clevedon (near Bristol). Duties consist of maternity and child welfare and school work in urban district.

Combined Posts—S.R.N., S.C.M., H.V. (Queen's Nurses preferred) or willing to train. Motorists essential. Cars available. Financial help given with driving tuition.

Highbridge—Adjacent to Burnham-on-Sea. Two nurses required. Compact small house available, furnished or unfurnished.

Winford—Near Bristol. Single district. House to be built.

Corston—Near Bath. Single district. House being built.

Bleadon — Adjoining Weston-super-Mare. Single district. Accommodation available, house to be built later.

For further particulars apply to: County Medical Officer of Health, County Hall, Taunton.

WARWICKSHIRE COUNTY COUNCIL

Applications are invited for the undermentioned vacancies. Where house or other accommodation available this can be either furnished or unfurnished. Consideration will be given to the granting of financial assistance towards removal expenses and for driving tuition. Motorists can receive allowance for own car or car will be provided.

District Nurses, District Midwives, District Nurse/Midwives

Area 1—**Sutton Coldfield** (town)—district midwife—motorist—house.
Area 2—**Bedworth** (urban)—district nurse—motorist—modern flat.
Area 3—**Rugby** (town)—two district midwives—motorists—flats, one suitable for friends to share.
Dunchurch and District (rural and town) — district nurse/midwife—motorist—house in Dunchurch.
Area 7—**Stratford-on-Avon** (town)—district nurse/midwife—motorist—house.
Alcester (rural)—district nurse/midwife—motorist—house.

District Nurse/Midwife/Health Visitors

Area 3—**Birdingbury** (rural) one required—motorist—modern flat.
Area 4—**Berkswell** (rural)—one required—motorist—part house.
Area 6—**Fenny Compton** (rural)—one required—motorist—part house.

Health Visitors

Area 1—**Sutton Coldfield** (town)—two required—motorists—furnished flat for one.
Area 2—**Bedworth** (urban)—one required—motorist.
Nuneaton (town) — one required — motorist—accommodation.
Area 3—**Rugby** (town)—one required—motorist.
Area 5—**Solihull** (town)—two required—motorists—accommodation.

Application forms and full particulars may be obtained from the Area Medical Officer, Health Department, as follows:
Area 1—Council House, Sutton Coldfield;
Area 2—Council House, Nuneaton;
Area 3—Albert House, Albert Street, Rugby;
Area 4—Park Road, Coleshill, Birmingham;
Area 5—69 New Road, Solihull;
Area 6—38, Holly Walk, Leamington Spa;
Area 7—Arden Street, Stratford-on-Avon.

The Council is a member of the Queen's Institute of District Nursing

Shire Hall, Warwick. L. EDGAR STEPHENS, Clerk of the Council

CITY OF OXFORD D.N.S.

Queen's Nursing Sister for general nursing only. Resident or non-resident, car driver or cyclist. Consideration is being given to the possibility of attachment of a nurse to a general practice.

Student Queen's Nurses. Vacancies for S.R.N., S.C.M.'s to take three months' course of district training commencing May and September 1961.

Applications to Superintendent, 39–41 Banbury Road, Oxford.

NORFOLK COUNTY COUNCIL

Vacancies now exist in the following areas:

District Nurse/Midwife/Health Visitor

Blofield. Pleasant rural area seven miles Norwich. Furnished accommodation for time being.
Burnham Market. Two miles north Norfolk coast. Nurse's house available.
East Harling. Ten miles Thetford, delightful country. New nurse's house.
Feltwell. Adjoining Fen area. Nurse's house available.
Hockham. Near Thetford. Rural and beautiful. Nurse's house nearing completion.
Neatishead. Vicinity of Barton Turf Broad. New nurse's house being built.
Raveningham. Ten miles Norwich. House provided.
Stoke Holy Cross. Five miles Norwich. Attractive countryside. House provided.

District Nurse/Midwife

Fakenham. North Norfolk market town. (Third nurse.) Furnished accommodation.
Gayton. Near King's Lynn. House available.
Wymondham. Nine miles Norwich. Two required. House provided or arrangement to live separately.

District Nurse

King's Lynn. Male Queen's nurse. Possibility of Council house.

Nurses should be motorists and may use their own cars (loans available for purchase) or cars can be provided. Assistance given to applicants who require driving tuition. Houses furnished if required.

Grant towards moving expenses will be paid.

Application forms from County Medical Officer, 29, Thorpe Road, Norwich, Norfolk, NOR 01T.

Health Visitor Scholarships

Facilities available for Health Visitor training for full-time and generalised appointments.

Queen's Nurse Training

Courses arranged for State Registered Nurses (usually with S.C.M. Certificates) for work in the County.

HERTFORDSHIRE COUNTY COUNCIL

(Member of Queen's Institute of District Nursing)

District Nurses' Training Home, Watford

Senior nurse Queen's trained, preferably with Health Visitor's Certificate, required; capable of assisting in the training of students for the Queen's Institute and the National Certificates.

Assistant Divisional Nursing Officer

Applicants must hold the following qualifications: S.R.N., S.C.M., Health Visitor's Certificate, and have done District Nurse Training, or be willing to undertake this. Valuable experience for those wishing to obtain senior posts. Salary £685 × £35 to £860.

For forms of application apply:
The County Medical Officer
County Hall,
Hertford, Herts.

Other Advertisements on p. 220

BRECONSHIRE COUNTY COUNCIL

Public Health Department

Applications are invited for the following posts which have or will become vacant on account of re-organisation of Nursing Areas and to replace existing staff due to retire.

(1) **Health Visitor/School Nurse**
   (*a*) Builth Rural (Llanwrtyd and Beulah Areas).

(2) **District Nurse/Midwife**
   (*a*) Brecon Urban and Rural Area (Talybont district).
   (*b*) Hay Urban and Rural Area (including Llanigon).
   (*c*) Builth Rural (Llanwrtyd and Beulah Areas).

(3) **District Nurse/Midwife—Area Relief (Permanent)**
   (*a*) Brecon Urban and Rural Area.

Applicants for the Health Visitor's appointment must be qualified Health Visitors, and applicants for the other appointments must be S.R.N. and S.C.M. with or without district training.

Scholarships are offered for training as Queen's Nurses and/or Health Visitors.

The District Councils do all they can to see that nurses in their areas are allocated houses, and in the case of the Relief District Nurse a house is immediately available.

Forms of application and further particulars can be obtained from the County Medical Officer, Health Department, Watton Offices, Brecon, and should be returned within two weeks of the appearance of this advertisement.

WESTMORLAND COUNTY COUNCIL

Nursing Services

District nurse/midwife/health visitors required for the following areas:

Levens—rural area five miles south-west of Kendal. New house.

Appleby—rural area in north Westmorland. New house.

Arnside—small coastal area in south Westmorland. Terrace house in good condition. Cars provided in all districts.

Apply to County Medical Officer, County Hall, Kendal.

PERTH AND KINROSS COUNTY COUNCIL

District Nursing Service
Vacant Districts

Queen's Nurses required for two vacant districts in Perthshire:

(1) Aberfoyle, 18 miles from Stirling;

(2) Fortingall and Glenlyon, near Aberfeldy.

Nicely furnished houses provided. Motorists required. Combined duties undertaken. Further particulars from and applications to: Superintendent Nursing Offices, County Offices, York Pl., Perth.

GLOUCESTER DISTRICT NURSING SOCIETY

Domiciliary Midwife wanted for Part II Midwifery Training School.

For particulars apply to: The Superintendent, 14 Clarence Street, Gloucester.

METROPOLITAN DISTRICT NURSING ASSOCIATION

Midwife required. Cyclist or car-driver. Area—central London. Apply Superintendent, 18/20, Montague Street, Russell Square, London, W.C.1.

CITY OF NORWICH

District Nursing Service

Superintendent (non-resident) required. Salary £775×£30 (4) to £895, plus car allowance. Possession of Queen's and Health Visitor's Certificates desirable. Flat available.

Particulars and application form from The Medical Officer of Health, 68, St. Giles' Street, Norwich, Nor 22E.

CAMBERWELL DISTRICT NURSING ASSOCIATION

Assistant Superintendent

Experienced QUEEN'S NURSES, preferably with H.V. Certificate and rural experience, to assist with the general administration and the training of student district nurses. Staff approximately thirty-one. Motorist or willing to learn.

Apply Superintendent, Camberwell D.N.A., Halsmere Road, London, S.E.5.

COUNTY BOROUGH OF SOUTHEND-ON-SEA

Appointment of Superintendent of Home Nursing and Non-medical Supervisor of Midwives

Applications are invited for the above appointment. Applicants should be S.R.N., S.C.M., and possess a certificate of training in District Nursing.

Salary in accordance with the appropriate Whitley Council scale (25–49 staff group) £805–£955.

The appointment is subject to the Local Government Superannuation Act and to a satisfactory report from the Corporation's medical examiner.

The Council will reimburse reasonable removal expenses.

Particulars of appointment and forms of application can be obtained from the Medical Officer of Health, Municipal Health Centre, Warrior Square, Southend-on-Sea, to whom applications should be returned not later than two weeks from the date of this advertisement.

ARCHIBALD GLENN,
Town Clerk

QUEEN'S INSTITUTE OF DISTRICT NURSING

William Rathbone Staff College
Course in Community Health Administration

Applications are invited from General State Registered Nurses who are (a) district nurses, midwives or health visitors with at least three years' experience in the field; or (b) hospital sisters with at least three years' post-certificate experience who wish to gain a wider knowledge of public health nursing, for the Course in Community Health Administration beginning on Wednesday, 12th April, 1961. **Scholarships are available for nurses from Co. Durham, Sunderland, London and other areas.**

Further details may be obtained from The Principal, William Rathbone Staff College, 1 Princes Road, Liverpool 8.

QUEEN'S INSTITUTE OF DISTRICT NURSING

Health Visitor and District Nurse Training Courses
1961–1962

Health Visitor Course.

1. Nine months' course approved by the Minister of Health to prepare students for the health visitor's examination of the Royal Society of Health. Courses are held at the Bolton and Brighton Technical Colleges and begin in September.

District Nurse and Health Visitor Course.

2. Courses covering thirteen months to prepare students for:

(*a*) The national certificate of the Ministry of Health and the certificate of the Queen's Institute (district nursing).

(*b*) The certificate of the Royal Society of Health (health visiting).

Three months' course in district nursing is taken at approved centres, beginning May/June 1961, and may be followed immediately by nine months' health visitor course beginning in September 1961.

Further information and details may be obtained from the organising tutors at:

1. Bolton Technical College, Manchester Road, Bolton;

2. Arts and Social Studies Department, Brighton Technical College, 237 Preston Road, Brighton.

QUEEN'S NURSES' BENEVOLENT FUND

Founded in 1913 *by Queen's Nurses, for Queen's Nurses*

Minimum subscription FIVE SHILLINGS a year.

OBJECT—To assist financially colleagues who have to give up work owing to illness.

APPLICATIONS for financial assistance may be made for a GRANT, after three consecutive subscriptions previous to going off duty owing to an illness of short duration have been paid, and after salary rights have been exhausted. *OR*

AN ANNUITY, after five consecutive subscriptions have been paid up to time of going off duty, when the illness involves resignation from District Nursing, and the applicant is unable to undertake other work.

SUBSCRIPTIONS should be sent to Miss Ivett, St. Anthony's, Marine Hill, Clevedon, Somerset from whom further details can be obtained.

An Annual Report, with a renewal notice, is posted direct to all subscribers each year.

ursing